MAXIMUS Federal Services

Case Number:	CM14-0018626		
Date Assigned:	04/18/2014	Date of Injury:	11/29/2012
Decision Date:	07/02/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 26 year old male who was injured in 11/29/2012 while he was attempting to prevent a 25-pound box of Olive oil from falling off a shelf. The patient experienced pain to neck and shoulder. The box was located on a shelf above the head when it began to fall. The patient attended to catch it with the left hand; however, it was too heavy and the patient dropped the box. The following morning, the patient awoke with pain and tightness in the neck and shoulder region. Prior treatment history has included several sessions of physical therapy. The patient underwent arthroscopy of the left shoulder with debridement of anterior superior labrum, partial arthroscopic debridement of rotator cuff and arthroscopic subacromial arch decompression on 05/17/2013. A diagnostic studies reviewed include MRI of the left shoulder; dated 02/28/2013 reveals 1) Mild extrinsic impingement on the traversing underline supraspinatus 2) Focus increased signal in the critical zone of the supraspinatus tendon consistent with a tear. It is considered most likely to be a focal partial tear than a full thickness tear. MR arthrography may be considered for further evaluation 3) Increased signal in the bicipital lateral complex suggestive of a tear. MR Arthrography may be considered for further evaluation 4) Increased signal traversing the anterior labrum suggestive for an anterior labral tear possible GLAD (glenolabral articular destruction) lesion. There is a request for an authorization dated 1/16/2014 for Sumatriptan Sucinate tablet; Ondansetron ODT tablets and Terocin patch.The PR2 dated 02/12/2014 indicated the patient has persistent pain in the neck that radiates up to the left upper extremity with numbness and tingling. There is muscle spasm. He has elbow pain with popping. Objective findings on exam reveal tenderness at the cervical paravertebral muscle and at the trapezial muscle with spasm. There is tenderness at the cervical paravertebral muscle and left upper trapezial muscle with spasm. There is pain with limited range of motion. Examination of the left shoulder revealed a well-healed incision. There is some restriction with terminal range

of motion. On examination of the left elbow, there is tenderness at the elbow of the olecranon fossa. There is posterior pain with terminal flexion. There is popping with terminal extension. The patient is diagnosed with cervical discopathy; status post left shoulder arthroscopy with subacromial decompression and Mumford resection, left cubital tunnel syndrome. The treatment and plan include a referral for chiropractic care twice a week for 4 weeks. The patient is instructed to follow up on an as needed basis. The PR2 dated 12/11/2013 reports the patient to have significant improvement in overall symptomatology. He has had some residual headaches and migraines secondary to him symptomatology. The symptomology in the patient's left elbow is essentially unchanged. On physical examination, the patient is unchanged.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TEROCIN PATCH TOPICAL ANALGESIC #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics Page(s): 105, 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: According to the CA MTUS guidelines, Lidocaine patches is recommended for Neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The medical records document the patient was diagnosed with cervical discopathy, status post left shoulder arthroscopy with subacromial decompression and left cubital tunnel syndrome. In the absence of documented signs and symptoms of radiculopathy and absence of documented failed trial of first line treatment such as antidepressants and as AED; further the patient does not show significant improvement on this medication therefore the request is not medically necessary according to the guidelines.

SUMATRIPTAN SUCCINATE TABLET 25MG: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Triptans is recommended for migraine sufferers. The medical records document the patient is diagnosed with cervical discopathy status post left shoulder arthroscopy with subacromial decompression and left cubital tunnel syndrome. In the progress report dated 12/11/2013, the patient complains of headaches and migraines secondary to cervical

symptomology. In the presence of documented complaints of migraines due to cervical symptomatology, the request meets the guidelines criteria.

ODANSETRON ODT TABLET 8MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (For Opioid Nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics (For Opioid Nausea).

Decision rationale: The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Antiemetic (for opioid nausea) is not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron is a serotonin 5-HT3 receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis. The medical records document the patient was diagnosed with cervical discopathy status post left shoulder arthroscopy with subacromial decompression and left cubital tunnel syndrome. In the absence of documented symptoms of nausea and vomiting secondary to chemotherapy and radiation treatment or any signs and symptoms of acute gastroenteritis, the request is not medically necessary according to the guidelines.